

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AD	69861	8/9
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		65009-26	

INDEX OF CLAIMS BEST AVAILABLE COPY

CLAIM		DATE			
FINAL	ORIGINAL				
	171	✓	✓	✓	✓
	172	✓	✓	✓	✓
	173	✓	✓	✓	✓
	174	✓	✓	✓	✓
	175	✓	✓	✓	✓
	176	✓	✓	✓	✓
	177	✓	✓	✓	✓
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	200	✓	✓	✓	✓

CLAIM		DATE			
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CLAIM		DATE			
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